Thurloe Street Dental.

10 Thurloe Street
South Kensington
London
SW7 2ST
02075845551

# TMJ Questionnaire

Name _____
Date of Birth _____
Date _____

| Type of Pain | Frequency/week | Severity /10 | Duration | Time of Day | Any other explanation you can give for this pain |
|---|---|---|---|---|---|
| Headache | | | | | |
| Neck ache/stiffness | | | | | |
| Ear ache/ Tinnitus | | | | | |
| Jaw Joint Pain | | | | | |
| Difficulty Chewing | | | | | |
| Shoulder pain/ Stiffness | | | | | |
| Upper Back | | | | | |
| Lower Back | | | | | |

Are you aware of clenching or grinding your teeth? Yes/No

Are you aware of jaw joint clicking? Yes/No

If so, was this ever painful? Yes/No

How would you rate the quality of your sleep on a scale of 1 to 10 (10 being the most restful)

When you wake up in the morning do you feel properly rested? Yes/No

Have you had any stressful periods in your life? Yes/No

If yes, when and for how long? _____

Have you ever had whip lash? Yes/No

Have you ever had orthodontic treatment? Yes/No

If yes, when? _____